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## FACSIMILE TRANSMISSION

Total # of Pages 19 (including this page)

TO:	PHONE #:	FAX #:
United States Patent and Trademark Office Examiner: Lyle Alexander Art Unit: 1743	(703) 308-1202	(571) 273-1254

From : Barry S. Wilson

Date : November 9, 2004

Client/Matter No : 071949-1315

User ID No : 3067

## MESSAGE:

Re: U.S. Patent Application No. 09/982,629  
Our Ref.: 071949-1315

Attached please find:

- Transmittal (2 pgs.); *Duplicate Copy Attached*
- Terminal Disclaimer for Patent No. 6,767,510 (3 pgs.);
- Appendix A (3 pgs.);
- Appendix B (2 pgs.);
- Declaration and Power of Attorney (3 pgs.);
- Supplemental Application Data Sheet (3 pgs.);
- Authorization to charge Deposit Acct. No. 50-0872 in the amount of \$110.00.

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Atty. Dkt. No. 071949-1315

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

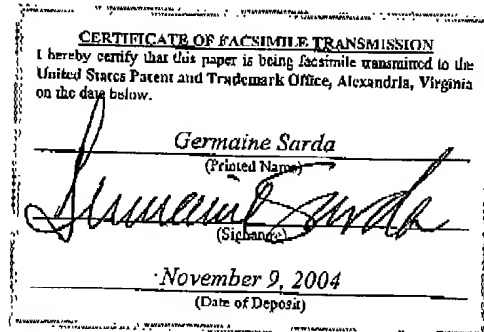
Applicant: Kenneth F. Buechler  
Title: DIAGNOSTIC DEVICES AND  
APPARATUS FOR THE  
CONTROLLED MOVEMENT OF  
REAGENTS WITHOUT  
MEMBRANES

Appl. No.: 09/982,629

Filing Date: 10/18/2001

Examiner: Lyle Alexander

Art Unit: 1743

**TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed please find the following:

- [ X ] Terminal Disclaimer for '510 patent (3 pages)
- [ X ] Appendix A - Assignment for instant application (3 pages)
- [ X ] Appendix B - Assignment for U.S. Patent Application No. 09/805,653 (2 pages)
- [ X ] Declaration and Power of Attorney (3 pages)
- [ X ] Supplemental Application Data Sheet (3 pages)

Atty. Dkt. No. 071949-1315

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	17	-	21	=	0	X	\$18.00	=	\$0.00
Independents:	3	-	3	=	0	X	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$290.00	= \$0.00
CLAIMS FEE TOTAL									= \$0.00
<input checked="" type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):							\$110.00		\$110.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:									\$550.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):									\$0.00
TOTAL FEE:									\$110.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$110.00. A duplicate copy of this transmittal is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 9, 2004

By Barry S. Wilson

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